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PTO/SB/05 REV 1 (12/97)

Date November 24, 2000

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		SJO919980026US2					
First Inventor or Application Identifier.			T. Lin et al				
Title	SPIN VALVE READ HEAD WITH ANTIFERROMAGNETIC OXIDE FILM AS LONGITUDINAL BIAS LAYER AND PORTION OF FIRST READ GAP						
Express Mail Label No.		EL749517559	ous a -				

									* <u>**</u>
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					Bo	ssistant Commissox Patent Applica /ashington, D.C.	sioner for Patents ation 20231	9/72 9/72	
Fee Transmittal Form (Submit an original, and a duplicate for fee processing) Specification [Total Pages 44] 7				Microfiche Computer Program (Appendix)					
9. 5	্রি - Brief Description of the Drawings (if filed)				ACCOMPANYING APPLICATION PARTS				
- Detailed Description - Claim(s) - Abstract of the Disclosure 3. X Drawing(s) (35 USC) 113) [Total Sheets 14] 4. X Doath or Declaration [Total Pages 2] - a. Newly executed (original or copy) - b. X Copy from a prior application (37 CFR 1.63(d)) - (for continuation/divisional with Box 17 completed) - [Note Box 5 below] - i. DELETION OF INVENTOR(S) - Signed statement attached in the prior application, see 37 - CFR 1.63(d)(2) and 1.33(b). 5. X - Incorporation by Reference (useable if Box 4b is checked) - The entire disclosure of the prior application, from which a copy - of the oath or declaration is supplied under Box 4b, is considered - as being part of the disclosure of the accompanying application - and is hereby incorporated by reference therein.				8 Assignment Papers (cover sheet & document(s)) 9 37 CFR 3.73(b) Statement					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation X Divisional Continuation-in-part (CIP) of prior application No.: _09 / 138,306 Prior application information: Examiner W. Korzuch Group/Art Unit _2754									
18. CORRESPONDENCE ADDRESS									
Customer Number or Bar Code Label or X Correspondence address below (Insert Customer No. or Attach bar code label here)									
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CITY San Jose			STATE	Ca	alifornia	ZIP CODE	95193		
COUNTRY USA			TELEPHONE	61	9-334-5883	FAX	619-448-190	04	
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Signature		(Distriction	/				November 24 2	000	

PTO/SB/17 REV 1 (12/97)
proved for use through 09/30/2000. omb 0651-0032
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Paperwork Reduction Act of 1	995, no persons are required	to respond to a colle	ction of info	ormation unless it displ	ays a valid OMB control	number.		
			Complete If Know	Complete If Known				
FEE TRANSN	Application Number	er	(unknown)	(unknown)				
These are the fees effective No	Filing Date		(herewith)	(herewith)				
otherwise large entity fees must be paid. See 37 C.F.R. §§ 1.27	First Named Inven	tor	T. Lin et al	T. Lin et al				
33 1.27	4.20	Examiner Name		(unknown)	(unknown)			
		Group / Art Unit		(unknown)	(unknown)			
TOTAL AMOUNT OF PAYMENT	Attorney Docket N	0.	SJO919980026	SJO919980026US2				
METHOD OF PAYMEN	T (check one)	FEE CALCULATION (continued)						
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 2Payment Enclosed: CheckMoney Order Tell Claims	arge the Issue Fee Set in R 1.18 at the Mailing Notice of Allowance. R 1.311(b) Other TION escription Fee Paid filing fee in	3. ADDITI Large Entity Fee Fee Code (\$) 105 130 127 50 139 130 147 2,520 112 920* 113 1,840* 115 110 116 390 117 890 118 1,390 128 1,890 119 310 120 310 120 310 121 270 138 1,510 140 110 141 1,240 142 1,240 143 440 144 600 122 130 123 50 126 240 581 40 146 710 149 710 Other fee (specify) Other fee (specify)	ONAL FEE Small Ent Fee Fee Code (\$) 205 6 6 227 2 139 136 147 2,52 112 926 113 1,84 215 55 216 19 217 44 218 69 228 94 219 15 220 15 221 13 138 1,51 240 55 241 626 242 626 243 226 244 306 246 355 249 355 249 355	Fee Description Surcharge - late filir Surcharge - late procover sheet Non-English specification For filing a request examiner action Examiner action Extension for responents extension for respon	ovisional filing or cation for reexamination tion of SIR prior to tion of SIR after the se within first month the se within second month the se within third month the se within fifth month the se within first month the se with	Fee Paid		
102 80 202 40 Independer 104 270 204 135 Multiple del 109 80 209 40 ** Reissue over origina 110 18 210 9 ** Reissue	nt claims in excess of 3 pendent claim in patent claims in excess of 20 iginal patent	*Reduced by Basic Fil	ling Fee Paid		SUBTOTAL (3) <u>(\$)</u>	·		
SUBMITTED BY			C	COMPLETE (if applicable)				
Typed or Printed Name Ervin F. Jet	mston //		R	eg. Number	20,190			
Signature	- Sout		Da	ate	November 24, 2000			
	//							



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DATE OF DEPOSIT: November 24, 2000

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231.

Ervin F. Johnston

NAME

SIGNATURE